STATE OF NEVADA BOARD OF EXAMINERS FOR LONG-TERM CARE ADMINISTRATORS 2157 North Painbow Plvd #212

3157 North Rainbow Blvd., #313 Las Vegas, NV 89108 (702) 486-5445 FAX: (702) 486-5439

E-mail: <u>beltca@beltca.nv.gov</u>

Application for Accreditation of Continuing Education Units By Sponsoring Organization

Program Title:			
Date:		Time:	
Location:			
Number of Contact Hours R	Requested:	_	
Please Check Intended Aud	lience Below:		
Nursing Home Adm	inistrator:		
Residential Care Ad	ministrator:		
Both:		_	
Name of Person Submitting	Application:		
Address:		Phone:	
City	State	Zip	
E-mail Address:			
CE Committee Use Only			
Program Number:	Reviewer:	Date:	
Approved:	No. of Hours:	Expiration Date:	
Pending:	Required Items:		
Denied:	Reason:		

The following are requirements for approval:

- Program must be provided by a competent instructor as demonstrated by documentation of his/her educational, professional and teaching experience
- Program must contain current educational material relevant for nursing home and/or residential care facility administrators
- Program must be of professional quality

The following Must Accompany All Applications:

- Instructor's/Speaker's resume
- Detailed time schedule
- Statement of the educational objectives of the program
- Copy of Certificate of completion

Note: Applications for continuing education accreditation will not be reviewed for accreditation until <u>all</u> of the items listed above are received. Please see "CEU APPROVAL PROCEDURE" for required fees.

Within 20 days after the presentation of the program, a list of licensed nursing home and/or residential care facility administrators who attended must be provided to the Board office.

Records must be maintained for one (1) years after the completion of the course or program.